

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

24916

**1. PLACE OF DEATH**

County Jackson  
Township Jackson  
City HC road (No. 1034 E 4)

Registration District No. 389  
Primary Registration District No. 100

File No. \_\_\_\_\_  
Registered No. 20116  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 1034 E 4 St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 2nd 1874</u>		
7. AGE YEARS <u>59</u>	MONTHS <u>10</u>	DAYS If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____		
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo</u>
	13. NAME <u>John Spear</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo</u>
	15. MAIDEN NAME <u>mo</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo</u>
17. INFORMANT <u>Benjamin Smiles</u> (ADDRESS) <u>1034 E 4</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Blue Ridge</u> DATE <u>7-31-34</u>	
19. UNDERTAKER <u>H. B. Brown</u> (ADDRESS) <u>1820 E 18</u>	
20. FILED <u>7-29-1934</u> M. M. Brown Registrar.	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-25-1934

22. I HEREBY CERTIFY that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:  
Chronic disease  
pericarditis

Other contributory causes of importance:  
no

Name of operation \_\_\_\_\_ Date of operation \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) [Signature], M. D.  
(Address) [Signature]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 21 1934

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

